

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3		/					53						
4		/					54						
5		/					55						
6	/						56						
7		/					57						
8		/					58						
9		/					59						
10	/						60						
11		/					61						
12		/					62						
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14		/					64						
15	/						65						
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18		/					68						
19	/						69						
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32		/					82						
33		/					83						
34		/					84						
35		/					85						
36		/					86						
37	/						87						
38	/						88						
39		/					89						
40		/					90						
41		3					91						
42		/					92						
43		/					93						
44	/						94						
45		/					95						
46		/					96						
47		/					97						
48		/					98						
49		/					99						
50	/						100						
TOTAL IND.	12						TOTAL IND.						
TOTAL DEP.	40						TOTAL DEP.						
TOTAL CLAIMS	52						TOTAL CLAIMS						